

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 291 - 1

RECEIVED

AUG 23 2010

ORS
T.T.W./W

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kefah Hassouneh

Telephone:

843-530-5313

Address: P.O. Box 20144

Fax:

CHARLESTON, S.C. 29413

Other:

Email: ☒

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other paper as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☒ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

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AUG 25 2010

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

925

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: Aug. 16. 2010

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

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AUG 23 2010

ORS
TTWWWW

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

KeFAH TRANSPORTATION, LLC
133 Alexander St Apt 4, Charleston SC 29403
Street Address of Applicant

P.O. Box 20144 Charleston SC 29413
Mailing Address of Applicant if different from street address

843-530-5313
Phone Fax

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

LLC, KeFah Hessounah CEO Same as Above

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month _____ Year _____

Assets:

Cash	\$ 1000
Receivables	- 0 -
Real Estate	- 0 -
Buildings and Equipment (Net)	- 0 -
Motor Vehicles (Net)	\$ 8000
Garage Equipment (Net)	- 0 -
Machinery and Tools (Net)	- 0 -
Supplies on Hand	- 0 -
Prepays and Other Assets	- 0 -
Total Assets	
<u>Liabilities and Equity:</u>	
Accounts Payable	\$ 8000
Notes Payable	- 0 -
Mortgages Payable	- 0 -
Equipment Obligations	- 0 -
Accrued Salaries and Wages	- 0 -
Other Accrued Obligations	- 0 -
Other Liabilities	- 0 -
Total Liabilities	
Capital Stock	- 0 -
Retained Earnings	0
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

Rate as followed
\$250 per hour
\$10 per mile

Counties to be Served:

All of the State of South Carolina

Maximum Number of Passengers per Vehicle:

6 + 1 driver = 7

DESCRIPTION OF EQUIPMENT

[illegible]

Johnson & Johnson, Inc., Managers

P.O. Box 899
200 Wingo Way, Suite 200
Mt Pleasant, SC 29464

Phone: (843) 577-1436 (Direct)
Fax: (843) 577-1536 (Direct)
Nationwide: 800-487-7565 (ext. 3036)
ed@jjins.com

Producer: RA Wright Agency
Subject: Kefah Transportation
Quote # TRQ05863

August 20, 2010

Effective Date: ASAP

AUTO LIABILITY			
Company	National Casualty Co		
Liability sym 7	\$ 500,000	Liability Premium	\$ 6,316 .00
Med Pay sym 7	\$ 5,000	Med Pay Premium	\$ 266.00
UM/UIM sym 7	\$ 100,000	UM/UIM Premium	\$ 390.00
		Commission	10 %
Quotes Based On	Public:2 Tractors:	Trailers: Wrecker/Tow:	Trucks:
PHYSICAL DAMAGE			
Company	National Casualty Co		
Comprehensive	\$ 500 DED	Physical Damage Prem.	\$ 844.00
Collision	\$ 500 DED		
		Total Values	\$ 16,000.00
		Commission	10%
Total Policy Premium: \$ 7,816.00			

Eva Davis

Quoted By: Transportation Underwriter

Quote subject to:

- Insured/all drivers must have at least 2 (two) years of verifiable experience driving such units and transporting public livery.
- Local Radius =<100 miles
- Acceptable MVRs – as presented
- Vehicle must be titled to the business
- No personal use
- Must have copy of airport authority within 15 days of binding
- CA2402 – Public Transportation Autos, CA-77 – Sexual and/or Physical Abuse Exclusion

This quotation is subject to Signed Application, Signed UM/UIM Forms and Favorable MVR Reports. If any of these conditions do not meet our approved guidelines, immediate termination of the policy will take place. The Company may withdraw its quotation at any time prior to acceptance and in no event will it remain open for acceptance beyond thirty (30) days from the above date. Coverage may not be bound without prior authorization from Johnson & Johnson, Inc., Managers.

The quote is based on information provided at the time of the quote. Renewal offers are valid until expiration of the current policy term. This is a quote only and is only for the coverages listed above. It may not conform to the application or specifications submitted.

Exhibit FWA

Kefah Hassounen

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?
- ☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
- ☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
- ☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF)

Charleston

Kefah Hassounch

Applicant's Signature

I,

Kefah Hassounch

Name of Applicant's Representative

owner

Title

of

Kefah Hassounch

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Kefah Hassounch

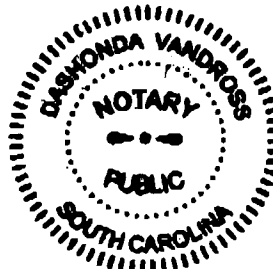
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 19th day of August, 2010

[Signature]
Notary Public

Commission Expires

May 7, 2020



**My Commission Expires
May 7, 2020**

The State of South Carolina



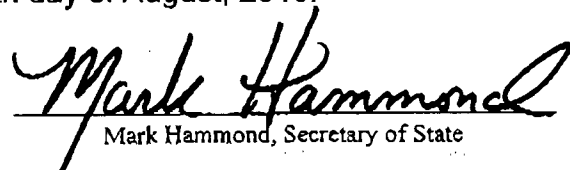
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

KEFAH TRANSPORTATION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 13th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
18th day of August, 2010.


Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

AUG 13 2010

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

KEFAH TRANSPORTATION, LLC.

***NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is

133 ALEXANDER STREET APT. 4

Street Address

CHARLESTON

29403

City

Zip Code

3. The initial agent for service of process is

KEFAH HASSOUNEH

Name

Kefah Hassouneh
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

133 ALEXANDER STREET APT. 4

Street Address

CHARLESTON

29403

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) KEFAH HASSOUNEH

Name

133 ALEXANDER STREET APT. 4

Street Address

CHARLESTON

SC

29403

City

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

100817-0108

FILED: 08/13/2010

KEFAH TRANSPORTATION, LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) _____
Name

Street Address

City State Zip Code
- (b) _____
Name

Street Address

City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Kefah Hassounah
Signature of Organizer

08/11/2010
Date

Signature of Organizer

Date